

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 89/890319	FILING DATE
3/8/04						APPLICANT(S)	
CLAIMS							
.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		.
	IND.	DER.	IND.	DER.	IND.	DER.	
1	1						51
2	1		1				52
3	2						53
4	5						54
5	1						55
6	1						56
7							57
8							58
9							59
10							60
11							61
12							62
13	1		1				63
14	1		1				64
15	1		1				65
16	1		1				66
17	1		1				67
18	1		1				68
19							69
20							70
21							71
22							72
23	1		1				73
24	1						74
25	1						75
26			1				76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	7	↓	4	↓			TOTAL IND.
TOTAL DER.	21	↓	11	↓			TOTAL DER.
TOTAL CLAIMS	28	INDIVIDUAL	15	DEPENDENT			TOTAL CLAIMS

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS